VILLAGE OF CLEVELAND, WISCONSIN CONCEPT PLAN SUBMITTAL

APPLICANT				
Name (please print)				
Mailing Address				
City	State		Zip Code	
Phone ()		Email		
PROJECT LOCATION				
Property Owner, if different from applicant (please print)				
Owner's Address				
City	State		Zip Code	
Project Address, if different than mailing address				
City	State		Zip Code	
Parcel No.	Current Zoning			
PROJECT DESCRIPTION				
Description of existing operation or use				
Description of proposed operation or use, including proposed structures, parking, landscaping, etc.				
Maximum Number of Employees on Any One Shift	Total Full Time in Operation		Total Part Time in Operation	

PPLICANT NAME: DATE OF APPLICATION:	
STAFF REVIEW	
	's 11 C d DI G ' ' TI Cd G CC
Your concept plan must undergo a general Staff Review prior to subn Review is to provide an opportunity for both you and the Village to coregulations, and land use plans. For this reason, your plan must be su Commission meeting.	onsider your proposal in the context of local ordinances,
CERTIFICATION	
I hereby certify that all the information provided herein, including all the Village Board or its designees, is true and correct, and I understan not relieve me of compliance with other applicable codes and ordinan	d that the approval of a Conditional Use Permit application does
Applicant's signature	Property Owner's signature
Date Signed	Date Signed